

# MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

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Policy Subject: <b>Union Strike Plan</b>	
Policy Number: <b>PRP 26</b>	Standards/Statutes:
Effective Date: <b>January 2, 2003</b>	Page <b>1</b> of 3

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**PURPOSE:** To establish the process the facility will utilize in the event of a strike by one or both of the bargaining units represented within the facility.

**POLICY:** At the initiation of a walk out/strike by one or both of the facility bargaining units, the facility Administrator, or their designee, will order an immediate stop to all admissions into the facility. Utilizing the remaining staff, the Administrator will initiate the discharge of all current patients to their home community. The facility will remain closed to all patient care until such time as the strike is resolved. The facility Administrator will notify the Administrator of the Addictive & Mental Disorders Division and the Administrator of the Department of Public Health & Human Services of the strike and the initiation of the strike plan. All non-union and non- participating strike employees will work assigned schedules during the period of the strike, until otherwise notified by the facility Administrator. Following resolution of the strike, the Administrator will order all staff back to work and initiate the return of patients, with those discharged at the time of the strike having first priority for admission. Admissions staff will make adjustments as necessary in the admission calendar for patients who had previous scheduled admission dates and begin to restructure a new calendar for the timely admission of patients.

## **PROCEDURE;**

I. The patient population of MCDC is ambulatory unless there may be some unique consideration for a patient(s) in detox or a medical bed. Given this consideration, it is felt that patients may be transferred to community based services until such time as the strike is resolved and arrangements may be made for their return to this level of treatment.

II. The staff that would be affected by a union strike are all direct care staff. Without our direct care staff, i.e. LPN's, Treatment Specialists, and Licensed Addiction Counselors as well as support staff, it would be impossible to provide treatment with the remaining staff. The use of Montana National Guard would seem to be unnecessary. Treatment is an active process and all we would do with National Guard present is to oversee and warehouse people, which would not be productive. Our patients are not generally committed or need to be secured in this environment and under normal circumstances may leave of their own accord at any time. Therefore proceeding with discharge seems the most appropriate action until such time as the strike is resolved.

III. Upon notification or initiation of a walk out/strike by one or both of the bargaining units, the facility Administrator will call a meeting of all Management staff and begin the process of initiating the strike plan.

IV. The Administrator will order all admissions into the facility to stop immediately. Those patients who may be on their way to the facility, and not be able to be notified, will be notified at the time of their arrival and arrangements will be made to return them to their home community, either in their own vehicle, to be picked up by family or friends or given a bus ticket.

V. The Administrator will designate staff to immediately begin to call scheduled patients and their referral source to notify them of the strike and that admissions will not be accepted until such time as the strike is resolved. Patients and their referral source will be notified when admissions resume. The Administrator will also designate staff to immediately begin to discharge all current patients in the facility at the time of the strike. Transportation will be coordinated with the patient, their family or friends, or provided a bus ticket to return to their community of origin.

VI. If a patient is homeless, with no family or friends to rely on, coordination with local or other community homeless shelters will be made to assist these individuals.

VII. If the facility has patients on the Detox or Medical Unit, nursing and medical staff will attend to these patients until such time it is medically safe to return them to their community of origin following the procedure outlined in D above. If a patient is unable to be stabilized to the point of being able to be returned to their community of origin, medical staff must make a determination if a transfer to higher level of care is warranted.

VIII. Any current patient who may be under court order for treatment or has any level of legal involvement; i.e. Department of Family Services, Probation/Parole, etc. will have the appropriate legal entity contacted by phone to inform them of the strike situation and the transfer of the patient back to the community.

IX. No patient will be discharged from the facility without a community based support system or treatment referral during the interim strike period.

X. Any mail received for a patient following their discharge will have it forwarded to their identified home address at the time of admission, unless otherwise notified by the patient.

XI. The Administrator will notify the food service contract provider, Butte Convalescent Center, of the strike and the discontinuance of food service for MCDC until such time as the strike is resolved.

XII. Any and all media coordination of the strike will be coordinated by the facility Administrator.

XIII. The Administrator will coordinate all aspects of the strike situation, progress and resolution measures with the Administrator of the Addictive & Mental Disorders Division and the Administrator of the Department of Public Health & Human Services.

XIV. All patients will be gathered and given information regarding the strike, the procedure that will be followed for their discharge and re-admission following the strike, make calls for their transportation back to their community, assist in their interim plan, and answer any questions they may have.

XV. Staff voice mail messages will be recorded to reflect the status of the facility and the patients during the strike. Updated messages will be recorded as circumstances change.

XVIII. The Administrator will coordinate the resumption of food service based on the return of patients to the facility and will work with the contractor to adjust billing for those meals not consumed during the strike.

XIX. Patient records will provide detailed documentation to reflect the strike circumstance and the facility decision to discharge in the best interest of patient care given the situation and that this discharge in no way reflects negatively on the patients progress in treatment. Each patient discharged under these circumstances has a priority for re-admission at the end of the strike. Records need to reflect an administrative or general discharge with adequate documentation to reflect no fault to the patient. Those patients who may not return following the strike will have an entry in their chart detailing all attempts to contact and coordinate the readmission of the patient and any reasons it did not happen.

XX. Any applicable bargaining unit contract provisions regarding strikes will be adhered to as may be appropriate.

Revisions: Rev Dates

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